

## LHRC REAPPOINTMENT APPLICATION FORM

NAME OF LHRC: \_\_\_\_\_

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Today's Date:

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Name:

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Street Address:

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City, State, Zip:

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Telephone #:

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Current (or most recent) Employer:

Employer's Address:

Dates of Employment: From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

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Occupation/ profession (if retired, list previous occupation):

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Educational Background:

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Please check categories in which you are eligible or willing to serve:

\_\_\_ Professional    \_\_\_ Family Member    \_\_\_ Consumer    \_\_\_ Healthcare Provider

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What did you find most rewarding about your service on the LHRC?

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Did you feel the training you received was sufficient? Why or why not?

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What recommendations do you have for improvement of the LHRC?

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Applicant's Signature:

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Reviewed for completeness by:

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